

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/238,658
APPLICANT(S)

FILING DATE

CLAIMS

	AS SUBMITTED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2	/						62						
3	/						63						
4	/						64						
5	/						65						
6	/						66						
7	/						67						
8	/						68						
9	/						69						
10	/						70						
11	/						71						
12	/						72						
13	/						73						
14	/						74						
15	/						75						
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31	/						91						
32	/						92						
33	/						93						
34	/						94						
35	/						95						
36	/						96						
37	/						97						
38	/						98						
39	/						99						
40	/						100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	27		27		27		TOTAL DEP.						
TOTAL CLAIMS	29		29		29		TOTAL CLAIMS						